

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031428

FILED VS SEP 21 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 437

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Bonne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maine</u> b. COUNTY <u>Bonne</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>	Length of stay in 1b <u>4 years</u>	c. CITY OR TOWN <u>Columbia</u>	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 South 2nd</u>	Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (if outside, give location) <u>6 South 2nd</u>	Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNIE ARNAL</u>		4. DATE OF DEATH Month Day Year <u>Sept 14 - 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>May 7 - 1880</u>
9. AGE (last birthday) <u>79 yr.</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Bonne Co. Me</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Irvin Stiel</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Bailey</u>	
14. NAME OF HUSBAND OR WIFE <u>George Arnal</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Irvin Stiel</u> Address <u>Columbia, Me.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>hours</u> <u>year</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Coroner's case</u> and last saw him alive on _____ Death occurred at <u>approx 7:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Vicent P Peria MD Coroner</u>		22b. ADDRESS <u>Univ of Mo Med Center</u>	22c. DATE SIGNED <u>15 Sept 59</u>
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>	23b. DATE <u>Sept. 17, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rochester</u>	23d. LOCATION (City, town, or county) (State) <u>Rochester, Mo.</u>
24. FUNERAL DIRECTOR <u>Mrs Stuart Parker, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 16 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

George D. Vramm

Licensed Embalmer No.

4423

P. O. Address

Calumet

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.